00169.001423.



## PATENT APPLICATION

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re App	olication of:	)			
		:	Examiner:	M. Good-Jo	ohnson
<b>GEORG</b>	E POLITIS	)			
		:	Group Art U	nit: 2672	
Appln. N	Io.: 09/38 <b>7,</b> 569	)			
		:			
Filed: S	eptember 1, 1999	)			
		:			
For: R	EGION BASED IMAGE	)			ーーリルトロ
	COMPOSITING	:	July 22, 2004	1	RECEIVED
					AUG 0 2 2004
Mail Sto	p Amendment				AUG U Z ZOU
Commiss	sioner for Patents				Center 2600
P.O. Bo	x 1450				Technology Center 2600
Alexand	ria, VA 22313-1450				Train and a second

## **AMENDMENT**

Sir:

In response to the Office Action of April 22, 2004, please amend the above-identified application as follows. Changes to the claims are reflected in the listing beginning at page 2, and the Remarks begin at page 26.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

July 22, 2004 (Date of Deposit)

ame of Anorpey for Applicant)

ture Date of Signature

Signature

Date of Signature

In re Application of:

Docket No. 00169.001423.

Examiner: M. Good-Johnson

**GEORGE POLITIS** 

Application No.: 09/387,569

Group Art Unit: 2672 Filed: September 1, 1999

For: REGION BASED IMAGE COMPOSITING Date: July 22, 2004

Mail Stop Amendment THE COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

		С	LAIMS AS AMEN	NDED		
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 54	MINUS	** 76	= 0	x \$9 \$18	\$0.00
INDEP. CLAIMS	* 6	MINUS	***	= 0	x \$43 \$86	\$0.00
Fee for Mu	altiple Dependent cla	aims \$145°/	<b>/\$290</b>			
			TOTAL ADDITI			\$0.00

If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

	Verified Statement claiming small entity status is enclosed, if not filed previously.
	A check in the amount of \$ is enclosed.
	Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
X	Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
	A check in the amount of \$ to cover the fee for a month extension is enclosed.
	A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.
X	Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.
	Respectfully submitted,

Attorney for Applicant Ronald A. Clayton Registration No.: 26,718

FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza New York, New York 10112-3800 Facsimile: (212) 218-2200

Form #120